

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031491

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

1753

STATE FILE NUMBER

FILED SEP 9 1963

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Williamsville, R#2		c. CITY OR TOWN Williamsville RR#2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First George Middle Newton Last Moore		4. DATE OF DEATH Month August Day 30 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-17-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber	
11. BIRTHPLACE (City and state or country) McNairy Tenn		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joe Moore		13b. MOTHER'S MAIDEN NAME Not Known	
14. NAME OF HUSBAND OR WIFE Marjie Moore		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 86		17. INFORMANT Marjie Moore Address Williamsville, RR 2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Metastatic Carcinoma of Lungs, 3rd Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:15 a.m. Month May Day 63 Year 63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Li+110 Brushy		20f. CITY, TOWN, OR LOCATION Wannanella, Mo	
21. I attended the deceased from May 63 to 90 Aug 63 and last saw him alive on 15 Aug 63 Death occurred at 5:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) [Signature]	
22b. ADDRESS 321 Oak, P.O. Box 155		22c. DATE SIGNED 9/14/1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-1-63	
23c. NAME OF CEMETERY OR CREMATORY Li+110 Brushy		23d. LOCATION (City, town, or county) Wannanella, Mo	
24. FUNERAL DIRECTOR Morgan Funeral Home Puxico, Mo		25. DATE RECD. BY LOCAL REG. 9/14/1963	
26. REGISTRAR'S SIGNATURE Thelma Graham		27. DATE SIGNED 9/14/1963	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

OCT 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Wm. H. Morgan

Licensed Embalmer No.

4640

P. O. Address

Advance, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.